Health Care Claim: Institutional 837 ASC X12N 837 (004010X096A1)
October 2002 Addenda
Comparison to
Health Care Claim: Institutional 837 ASC X12N 837 (004010X096)
May 2000

LOOP, SEGMENT, ELEMENT ID Changed	Description of Change	Impact on Adjudication with MDCH
HEADER, REF, Transmission Type	Identification Changed to add "A1" to signify addenda version	Use 004010X096A1
N2, Additional Name Information,	Segment Deleted in many locations	NONE
LOOP 2000A, PRV, Billing/Pay-To Provider Specialty Information,	Note Changed ("Required when adjudication is known to be impacted by provider taxonomy code.")	NONE
LOOP 2000B, PAT, Patient Information	Segment Deleted	NONE
LOOP 2000B, REF, Document Identification	Loop repeats Changed	NONE
LOOP 2000C, PAT, Patient Information	Elements Deleted	Do not send claims with Loop 2000C to MDCH
LOOP 2300, CLM11, CLM12, Related Causes Information	Elements no longer used	NONE
LOOP 2300, CR6, Home Health Care Information	Note Changed (required "when applicable")	NONE
LOOP 2300, HI, Principal, Admitting, E-code, and Patient Reason for Visit Diagnosis Information	Segment changed to Situational usage ("required on all claims and encounters except claims for Bill Types 4XX, 5XX, and 14X")	NONE

LOOP, SEGMENT, ELEMENT ID Changed	Description of Change	Impact on Adjudication with MDCH
LOOP 2310A, PRV, Attending Physician Specialty Information	Segment changed to Situational usage ("required when adjudication is known to be impacted by provider taxonomy code.")	NOTE: MDCH requires LOOP 2310A, REF, Attending Physician Secondary Identification must contain MDCH-assigned 9-digit provider ID.
LOOP 2310B, PRV, Operating Physician Specialty Information	Segment Deleted	NONE
LOOP 2310C, PRV, Other Provider Specialty Information	Segment Deleted	NONE
LOOP 2310D, Referring Provider	Loop Deleted	NONE
LOOP 2310E, PRV, Service Facility Specialty Information	Segment Deleted	NONE
LOOP 2330G, Other Payer Referring Provider	Loop Deleted	NONE
LOOP 2400, SV4, Prescription Number	Segment Deleted	NONE
LOOP 2400, DTP, Service Line Date (472-Service) and Assessment Date (866-Examination)	Segments usage notes changed to reflect use of one segment OR the other.	NOTE: MDCH requires 2400, DTP, Service Line Date (472-Service) when applicable. Assessment Date is used for Medicare PPS.
LOOP 2400, HCP, Line Pricing/Repricing Information	Segment added for credit/debit card payments	NONE
LOOP 2410, LIN, Drug Information	Loop Added	NOTE: MDCH will only process the first repeat of 2410 LIN. All additional repeats will be ignored.

LOOP, SEGMENT, ELEMENT ID Changed	Description of Change	Impact on Adjudication with MDCH
LOOP 2420A, PRV, Attending Physician Specialty Information	Segment Deleted	NONE
LOOP 2420B, PRV, Operating Physician Specialty Information	Segment Deleted	NONE
LOOP 2420C, PRV, Other Provider Specialty Information	Segment Deleted	NONE
LOOP 2420D, Referring Provider	Loop Deleted	NONE